

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	05/26/2008

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Coors Global Properties, Inc.		05/26/2008	CORPORATION: COLORADO

**RECEIVING PARTY DATA**

Name:	Coors Brewing Company
Street Address:	1225 17th Street
Internal Address:	Suite 3200
City:	Denver
State/Country:	COLORADO
Postal Code:	80202
Entity Type:	CORPORATION: COLORADO

**PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Serial Number:	77432087	MILLERCOORS

**CORRESPONDENCE DATA**

Fax Number: (303)863-0223  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 303-863-2972  
 Email: sstavish@sheridanross.com  
 Correspondent Name: Sabrina C. Stavish  
 Address Line 1: 1560 Broadway  
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 Address Line 4: Denver, COLORADO 80202

ATTORNEY DOCKET NUMBER:	4060MCBC-1-1
NAME OF SUBMITTER:	Sabrina C. Stavish

CH \$40.00 77432087

Signature:	/Sabrina C. Stavish/
Date:	06/12/2008
Total Attachments: 4 source=statement of merger#page1.tif source=statement of merger#page2.tif source=statement of merger#page3.tif source=statement of merger#page4.tif	

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SECRETARY OF STATE  
05-23-2008 14:02:06

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**Statement of Merger**  
**(Surviving Entity is a Domestic Entity)**  
filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number 20021018560  
*(Colorado Secretary of State ID number)*

Entity name or true name COORS GLOBAL PROPERTIES, INC.

Form of entity Corporation

Jurisdiction Colorado

Street address 17735 W 32nd AVENUE, CE235  
*(Street number and name)*

Golden CO 80401  
*(City) (State) (ZIP/Postal Code)*

*(Province – if applicable) (Country)*

Mailing address  
(leave blank if same as street address) (Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

*(Province – if applicable) (Country)*

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ID Number \_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Street address \_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

Mailing address  
(leave blank if same as street address) \_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

ID Number \_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Street address \_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

Mailing address  
(leave blank if same as street address) \_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
(Province – if applicable) (Country)

- (If the following statement applies, adopt the statement by marking the box and include an attachment.)
- There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number 19901079745  
*(Colorado Secretary of State ID number)*

Entity name or true name COORS BREWING COMPANY

Form of entity Corporation

Jurisdiction Colorado

Street address 1225 17th Street, STE 3200 - MCCC  
*(Street number and name)*

Denver CO 80202  
*(City) (State) (ZIP/Postal Code)*

*(Province – if applicable) (Country)*

Mailing address Post Office Box 4030, MCCC  
*(leave blank if same as street address) (Street number and name or Post Office Box information)*

Golden CO 80401  
*(City) (State) (ZIP/Postal Code)*

*(Province – if applicable) (Country)*

3. Each merging entity has been merged into the surviving entity.

4. *(If the following statement applies, adopt the statement by marking the box.)*

The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. *(If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)*

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number \_\_\_\_\_  
 Document number \_\_\_\_\_  
 Document number \_\_\_\_\_

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

7. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

*(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*

The delayed effective date and, if applicable, time of this document are 5/26/08 8:00 a.m. MDT  
*(mm/dd/yyyy hour:minute am/pm)*

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8. The true name and mailing address of the individual causing this document to be delivered for filing are

Reichert	E.	Lee	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
c/o Kamlet Shepherd & Reichert, LLP			
<i>(Street number and name or Post Office Box information)</i>			
1515 Arapahoe Street, Tower 1, Suite 1600			
Denver	CO	80202	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
<i>(Province – if applicable)</i>	<i>(Country)</i>		

- (If applicable, adopt the following statement by marking the box and include an attachment.)*
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